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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing      OR      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number      EX03-079C-US

First Named Inventor      Plowman, et al

COMPLETE IF KNOWN

Application Number      /

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which      (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)      10/22/2003      as United States Application Number or PCT International

Application Number      PCT/US03/33551      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name							
Address							
City			State			ZIP	
Country				Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBLIZEK.	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
Mailing Address KRONENSTR. 17			
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City	State	ZIP	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
Mailing Address QUENSTETTSTRASSE 24			
Mailing Address 72076 TUEBINGEN			
City	State	Zip	Country DE

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN		TROWE	
Inventor's Signature		Date	
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Mailing Address 72076 TUEBINGEN			
City	State	ZIP	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANDREAS MICHAEL		VOGEL	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address LINSBERGSTRASSE 12			
Mailing Address 72074 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOERG HEINRICH		ODENTHAL	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
Mailing Address OTTO-ERBE-WEG 18			
Mailing Address 72070 TUEBINGEN			
City	State	Zip	Country DE

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOCHEN KONRAD		SCHEEL	
Inventor's Signature		Date	
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Mailing Address EDUARD-SPRANGER-STRASSE 72			
Mailing Address 72076 TUEBINGEN			
City	State	ZIP	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN TILMANN		WILL	
Inventor's Signature		Date	
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Mailing Address EICHENWEG 2			
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City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
YISHENG		JIN	
Inventor's Signature		Date	
Residence: City	State CA	Country US	Citizenship CN
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Mailing Address			
City	State CA	Zip 94403	Country US

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature			Date
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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